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CONFIRMATION NO. 4595

SERIAL NUMBER 09/293,231	FILING or 371(c) DATE 04/16/1999 RULE	CLASS 606	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. D-10
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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 05/12/1999				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MANUEL A Acknowledged MENDEZ/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 18	TOTAL CLAIMS 39
INDEPENDENT CLAIMS 4				
ADDRESS ARTHROCARE CORPORATION 7500 Rialto Boulevard Building Two, Suite 100 Austin, TX 78735-8532 UNITED STATES				
TITLE SYSTEMS AND METHODS FOR ELECTROSURGICAL REMOVAL OF THE STRATUM CORNEUM				
FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	